



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

09 NOV 18 AM 8:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

OFFICE ENVIRONMENT COMPANY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

HIGHMARK CAPITAL LLC

(#W88270)

Complete Address

1605 FAIRVIEW AVE BOISE, ID 83702

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

JASON GALLOWAY

1605 FAIRVIEW AVENUE

BOISE, ID 83702

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

JASON GALLOWAY

Capacity/Title: \_\_\_\_\_

MANAGER

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
11/18/2009 05:00  
CK: 5402 CT: 167823 DN: 1195862  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D135038